



PRESENTATION TO THE CHAPTER 93 HEALTH EQUITY TASK FORCE
SEPTEMBER 3, 2020

MASSACHUSETTS PUBLIC HEALTH ASSOCIATION & TASK FORCE ON CORONAVIRUS & EQUITY

HEALTH INEQUITIES IN COVID-19: STATE POLICY CONSIDERATIONS

WHAT IS THE TASK FORCE ON CORONAVIRUS & EQUITY?

- The Task Force on Coronavirus and Equity, convened by MPHA on March 17, 2020, consists of 96 organizations, including civil rights, grassroots, public health, medical, labor, and social service organizations. The Task Force on Coronavirus & Equity Exists to:
 - **Drive equitable, statewide change with *focused policy* recommendations** to combat the ways in which racism, poverty, and xenophobia are exacerbating the inequities in Massachusetts that were extreme even before the COVID-19 outbreak.
 - **Act together and move quickly in the face of the outbreak**, as communities face unprecedented challenges that are evolving rapidly.
 - **Ensure that policy proposals are led or supported by communities hardest hit by COVID-19** and its economic repercussions, including people of color, low-income communities, immigrants, people with disabilities, older adults, people who are incarcerated, and people experiencing homelessness.

The Boston Globe

FRIDAY, AUGUST 28, 2020

Study shows how much harder people of color hit by virus in Mass.

By Dasia Moore

GLOBE STAFF

A new study quantifies COVID-19's disproportionate toll on Black and Latino communities in Massachusetts for the first time, and explores the extent to which other demographic factors — including foreign-born noncitizen status, average household size, and the role of the essential worker — explain racial and ethnic gaps.

The results, drawn from an analysis of 351 Massachusetts cities and towns, are staggering: A 10 percentage point increase in the Black population is associated with 312.3 more cases per 100,000 people. The same increase in the Latino population is associated with 258.2 more cases per 100,000.

From the early days of the pandemic, Massachusetts cities with large Latino and Black populations have suffered high

infection rates and death tolls. Chelsea, the city with the highest number of total cases per capita in the state, is 66.9 percent Hispanic or Latino. Of Massachusetts COVID-19 cases where the infected person's race is known, 45.6 percent are non-Hispanic white, a group that makes up 71.1 percent of the state's population.

Similar patterns have played out nationally. The Centers for Disease Control and Prevention reported last week that COVID-19 infection rates are 2.8 times higher in the Hispanic or Latino and American Indian or Alaska Native populations, when compared to the rate for non-Hispanic white people. For Black people, the case rate is 2.6 times higher and the death rate is 2.1 times higher. Case and death rates for white and Asian Americans are similar.

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CRITICAL ISSUES

1. *DATA* to monitor inequities and guide policy action
2. *OCCUPATIONAL HEALTH* – threats to workers and the public
3. *MUNICIPAL PUBLIC HEALTH* – dangers of a fragmented and inconsistent system
4. *BUDGET GAP* threatens to exacerbate health inequities

PERCENTAGE OF MISSING DATA BY DEMOGRAPHIC INDICATOR- AUGUST

Percent Missing Data	Testing Total	Tested Positive	Deaths
Race	25%	27%	2%
Disability	no data reported	no data reported	no data reported
Primary Language	>99%	93%	94%
Occupation	99%	85%	71%

Source: Massachusetts Department of Public Health, Chapter 93 State Numbers Daily Report, 8/1/2020-8/31/2020

COVID-19 AND WORKER SAFETY

- We don't know the full impact COVID-19 has had on workers in Massachusetts because the Administration has failed to collect data on the occupation, industry and employers of those that have become ill or died from the virus. Here's what we do know:
 - OSHA has **10,911** open COVID-19 complaints (as of 8/16)
 - The Attorney General's office has received **2,856** complaints on **7,363** issues via their online form (5/19-8/24)
 - The Department of Labor Standards has **881** worker health and safety cases opened and **999** with action/violations issued (381 requiring LBOH action, 249 verbal warnings & 369 violations - as of 9/2)

Industry	Sum of Cleaning/ disinfection	Sum of Hygiene	Sum of Failure to display Compliance Attestation poster	Sum of Personal protective equipment (PPE)	Sum of Requiring symptomatic employees to work	Sum of Retaliation	Sum of Social distancing	Total
Restaurant/Hotel	282	334	143	508	74	54	500	1895
Retail/Sales	210	190	95	339	45	58	358	1295
Hospitals/Nursing homes/Health care	91	71	48	125	34	40	121	530
Childcare/Education	60	49	27	56	33	33	70	328
Other/Unknown	113	76	58	130	23	29	174	603
Manufacturing/Food processing	55	42	20	59	18	22	71	287
Construction	35	31	16	66	15	11	65	239
Fitness/Health spa	82	72	34	95	12	14	117	426
Salons (nail and hair)	56	46	32	82	8	11	73	308
Government agency	35	25	11	52	7	18	54	202
Auto mechanic	36	32	20	73	7	12	63	243
Transportation/Delivery	38	23	19	51	7	10	55	203
Services	21	19	9	39	6	11	40	145
Entertainment/Gaming	19	27	10	30	5	10	52	153
Agricultural	21	17	8	32	4	11	35	128
Technology/Biotech	11	10	8	13	3	10	19	74
Real estate/Property management	14	13	11	13	3	5	19	78
Staffing/Temp agency	6	4	2	5	3	4	6	30
Bank/Financial	4	4	5	12	2	2	16	45
Cleaning/Janitorial	3	3	2	5	2	1	3	19
Legal	7	7	5	10	1	4	12	46
Domestic worker	1	0	2	3	1	1	3	11
Religious	5	4	4	8	0	3	12	36
PCA/Home health care	3	4	3	7	0	2	7	26
Security	2	2	1	3	0	1	2	11
Landscaping/Snow removal	1	1	0	0	0	0	0	2
Grand Total	1211	1106	593	1816	313	377	1947	7363

LOCAL PUBLIC HEALTH DURING COVID-19

- Investigating suspected cases and making testing recommendations
- Tracing contacts
- Recommending and enforcing quarantine and isolation
- Enforcing essential business orders & re-opening guidance and providing input to businesses on safe operating procedures
- Working with school districts and school committees on safe re-opening plans
- Coordinating with town officials, first responders, businesses and residents & serving as a communications hub between local residents and state officials
- Responding to resident and business complaints regarding unsafe practices, mask wearing, gatherings and events
- Working with municipal officials to assure inspection/approval of new childcare “co-operatives”

MASSACHUSETTS LOCAL PUBLIC HEALTH SYSTEM

- The COVID-19 pandemic has shown that our local public health system is not adequately structured, staffed, or financed to meet large scale public health challenges.
- Decentralized structure of 351 separate boards of health
 - Inequities in protections across municipalities.
 - Viruses don't respect municipal borders; extreme variability increases danger to all communities.
- Agreement on need and pathway for change
 - Consensus findings and recommendations: [Special Commission on Local and Regional Health](#),
 - [Chapter 72 of the Acts of 2020](#), *An Act Relative to Strengthening the Local and Regional Public Health System* (also known as the State Action for Public Health Excellence, or SAPHE, Act), signed by Governor Baker on April 29, 2020.

ACCELERATE IMPROVEMENTS & INVEST IN SUSTAINABLE SYSTEM IMPROVEMENTS

- **Adopt Universal Minimum Public Health Standards**
 - Expand Services through Cross-Jurisdictional Sharing
 - Ensure a Qualified Workforce
- **Allocate State Funding to Support Sustainable System Improvements**

OUR CURRENT MOMENT

- Ongoing COVID-19 pandemic
- Mass unemployment
- Economic recession and massive budget shortfalls
- Systemic racial injustices exposed
- Uneven openings across the state
- Eviction moratorium ending Oct 17*
- Corporations still building wealth while small businesses are closing

WHAT HAPPENED IN THE PAST?

**1990/1991
Recession**



***Raised personal income tax,
increased capital gains tax and
other unearned income***

**2001/2002
Recession**



***Increased capital gains tax,
increased other excise taxes (ex.
cigarettes)***

**2009/2010
Recession**



Increased sales tax rate

OUR COMMON VALUES

-
- *Fair*
 - *Sustainable*
 - *Adequate*

CRITICAL ISSUES FOR HEALTH EQUITY

- 1. Data collection, analysis, transparency and reporting that supports informed, strategic action*
- 2. Worker health and safety*
- 3. Municipal public health systems change*
- 4. Addressing the budget shortfall consistent with our values*

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